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Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

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Complete If Known

Application Number	10/510,643 - Conf. #1869
Filing Date	May 23, 2005
First Named Inventor	Catherine Castan
Art Unit	1615
Examiner Name	HELM, CARALYNNE E.
Attorney Docket Number	022290.0120PTUS

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		Filing Date	May 23, 2005
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		Art Unit	1615
		Examiner Name	HELM, CARALYNNE E.
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		Attorney Docket Number	022290.0120PTUS

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		Examiner Name	HELM, CARALYNNE E.
		Attorney Docket Number	022290.0120PTUS
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)			Application Number	10/510,643 – Conf. #1869	
			Filing Date	May 23, 2005	
			First Named Inventor	Catherine Castan	
			Art Unit	1615	
			Examiner Name	HELM, CARALYNNE E.	
Sheet	8	of	10	Attorney Docket Number	022290.0120PTUS

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Substitute for form 1449/PTO <h2 style="text-align: center;">INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h2> <p style="text-align: center;">(Use as many sheets as necessary)</p>		Complete if Known <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/510,643 – Conf. #1869</td> </tr> <tr> <td>Filing Date</td> <td>May 23, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Catherine Castan</td> </tr> <tr> <td>Art Unit</td> <td>1615</td> </tr> <tr> <td>Examiner Name</td> <td>HELM, CARALYNNE E.</td> </tr> <tr> <td>Attorney Docket Number</td> <td>022290.0120PTUS</td> </tr> </table>		Application Number	10/510,643 – Conf. #1869	Filing Date	May 23, 2005	First Named Inventor	Catherine Castan	Art Unit	1615	Examiner Name	HELM, CARALYNNE E.	Attorney Docket Number	022290.0120PTUS
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First Named Inventor	Catherine Castan														
Art Unit	1615														
Examiner Name	HELM, CARALYNNE E.														
Attorney Docket Number	022290.0120PTUS														
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NON PATENT LITERATURE DOCUMENTS					
Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		T ²	
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		Art Unit	1615
		Examiner Name	HELM, CARALYNNE E.
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¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

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